Application or Docket Number

09871441

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			57				R	NTE.	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			\$7minus 20=		* 37		X	S 9=	333	OR.	X\$18=		
INDEPENDENT CLAIMS			2. minus 3 =		Ø		X	40 =		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+1	35=		OR	+270=		
* If	the difference	in column 1 is	less than ze	an zero, enter "0" in column 2			TC	TAL	688	OR	TOTAL		
	C	LAIMS AS A	MENDED - PART II								OTHER	THAN	
		(Column 1)		(Colur		(Column 3)	SMALL ENTITY			OR	SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	NTE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	9=		OR	X\$18=		
	Independent	NTATION OF MU	Minus	***	C CL AINA	=	X	10=	* * .	OR	X80=		
	FIRST PRESE	NTATION OF MO	JUITPLE DE	·	CLAIM		+1	35=		OR	+270=		
								OTAL r. FEE		OR	TOTAL ADDIT. FEE	(n)	
	(Column 1) (Column 2) (Column 3								*			*	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ATE .	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X	10=		OR	X80=		
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	CLAIM		+1	35=		OR	+270=		
	(Column 1) (Column 2) (Column 3)									OR	TOTAL ADDIT. FEE		
									<u> </u>		AUUII. FEEI		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	R	ATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	XS	9=		OR	X\$18=	ï	
	Independent	•	Minus	***		=	X.	10=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT										+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												<u> </u>	
**	** If the entry in column 1 is less than the entry in column 2, write '0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 17858/120103 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE FEE FEE RATE BASIC FEE OR \$355 (37 CFR 1.16(a)) S TOTAL CLAIMS 57 minus 20 = 37 **\$** 9 333 (37 CFR 1.16(c)) OR INDEPENDENT CLAIMS minus 3 = 2 0 0 OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 OR If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL TOTAL 688 OR CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR (Column 1) **SMALL ENTITY** (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total OR Minus (37 CFR 1.16(c)) OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR (Column 1) (Column 2) (Column 3) ADDIT. FEE ADDIT. FEE **CLAIMS** HIGHEST ADDI-ADDI-B REMAINING NUMBER PRESENT **RATE** TIONAL **AMENDMENT** RATE TIONAL **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) OR Minus OR *** Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR (Column 1) ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total OR Minus = OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.